Implementation Research to enhance facility-based gender-responsive adolescent-friendly health services in selected districts of Bangladesh

Introduction:

In the era of Sustainable Development Goals (SDG), 'Adolescent Health' (AH) is a key agenda for the Government of Bangladesh (GoB) where a newer approach called Adolescent Friendly Health Services (AFHS) is being implemented by the Government all over the country through Ministry of Health and Family Welfare (MoHFW). Adolescent Health & Rights Enhancement Through Innovation and System Strengthening (ADOHEARTS), the evidence generation initiative by the Government, UNICEF, and The Embassy of the Kingdom of the Netherlands found insufficient evidence to suggest one particular comprehensive model for adolescents to achieve desired outcome. Thus an implementation research (IR) was initiated by the Bangabandhu Sheikh Mujib Medical University (BSMMU) to enhance facility-based AFHS at the district, sub-district and union level government health facilities to generate evidence. The findings of this study will help the policy makers to improve effective adolescent health programming in the country.

Implementation Research:

Department of Public Health and Informatics (DPHI), BSMMU, Department of Reproductive and Child Health, NIPSOM and Department of Public Health, North South University has conducted the implementation research (IR) and DGFP and DGHS worked as implementation partner with technical support from UNICEF. This IR had two components, a) Innovation and b) Scale up; and the study was conducted in four districts (Gazipur, Tangail, Khulna, and Jamalpur), where the ADOHEARTS project is currently being implemented.

Research Objectives:

The overall objective of the implementation research was to enhance facility-based adolescent health services at different level of health facility in the intervention districts. The study specifically tried to identify the enabling and hindering factors to successful implementation of the adolescent health services at district, sub-district and union level facilities in Bangladesh. The study also aimed to identify the strategies to address the barriers to the implementation of the AFHS and how to improve the referral linkages between community and health facilities for increased uptake of quality adolescent health services.

Methodology:

A mixed-method (quantitative and qualitative methods) study design was applied and the duration of the study was from October 2018 to December 2019. Qualitative information was collected through In-depth Interviews (IDIs) and Key Informant Interviews (KIIs), as well as facility and client-provider interaction observations. Quantitative data was collected using tabs.

Data Collection:

In innovation sites three round data collection and in scale- up sites two round data collection was conducted from adolescents, parents, school teachers, service providers, health and hamily planning officials, and facility management committee members. In total 1,137 different type of respondents were interviewed during different rounds of data collection. Process documentation was done simultaneously to understand the local context.

Development of specific interventions:

One of the objectives of IR was to identify the strategies to address the opportunities and bottlenecks of implementation of AFHS within existing government health system. A list of interventions were proposed by different stakeholders (national and local level DGHS and DGFP officials, service providers, school teachers, parents, adolescents, district education officers, social welfare officers, information officers, women and child welfare officers and others). Finally, three interventions were selected for innovation sites based on local context, applicability and acceptability.

1. **Sharing AFHS message in school assembly**: The objective was to aware school adolescents, teachers and parents about existing AFHS for increasing publicity and to develop referral linkage between school and AFHS. A simple and short AFHS message in Bangla language was developed by the research team and pretested. This message was shared by DGHS or DGFP local service providers (MO, SACMO, FWV) and school teachers (Head Master, Physical Education Teacher) at least 2 to 3 times a week during school assemblies.

2. **Sharing AFHS message during courtyard sessions focusing parents:** The objective was to inform about AFHS among out of school adolescents and parents in existing courtyard session in the community. Different health work force (SACMO, FWV, FPI, HA, FWA) shared the AFHS information developed by MoHFW in the courtyard sessions.

3. **Special service day for adolescents in health facility:** The objective of facility intervention was to develop linkage among health facilities, schools and local community to arrange special day service in AFHS of health facility. The information of the 'Special Service Day' was announced through miking near facility and informing nearby school authorities by service providers (UHFPO, Consultant, MO, MO Clinic, MO-MCH-FP, SACMO, Nurse, FWV, Counselor). On the special day the activities of AFHS was shared with adolescents and parents. The adolescents who visited AFHS in special service day, received different services (measuring height and weight, counseling, distribution of AH SBCC materials, iron and folic acid tablet and sanitary napkin including other regular services). The special day services for adolescents were organized once in three months during usual service delivery hours of facility aimed to boost the flow of adolescent in the facility.

Results:

One research objective was to identify enabling and hindering factors associated with AFHS. The pre-intervention assessment identified the enabling factors which were skilled, well behaved and trusted service provider, satisfaction on provided services, not far. The hindering factors were insufficient publicity and lack of awareness about AFHS among adolescents, parents, school teachers, other gatekeepers and lack of coordination among health facilities, schools and community.

To identify the strategies to address the bottlenecks for implementation of AFHS within existing health system is very important part of IR. The pre and post intervention found crucial findings which reviled service providers' important role to enhance AFHS delivery in intervention areas. One major difference that made increased awareness about AFHS among adolescents in the innovation area, pre-intervention data shows only 14% school adolescents knew about AFHS which became 91% school adolescents (Figure-1) were aware about AFHS. This increased awareness of adolescents played an important role in service seeking. In the scale up area, pre-intervention analysis suggested 30% school adolescents did not know about AFHS, but after post intervention all study respondents were aware about them. An adolescent stated that:

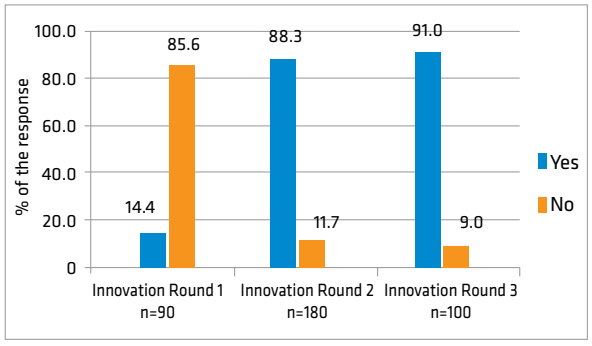

Figure 1: Awareness about the AFHS among adolescents

"I came to know about this service today. If I knew this earlier, I would have visited there and get the service. These things are not in our textbooks properly so we didn't know that where to go and what to discuss".

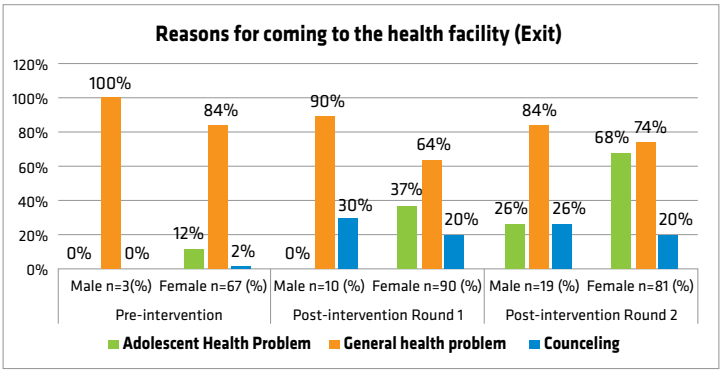

Figure 2: Reasons for coming to the health facility

In pre-intervention, the rate of adolescent health problem related service seeking among male and female were 0% and 12% respectively in innovation area. But after intervention the rate of adolescent service seeking among male and female increased to 26% and 68% respectively (Figure-2). Though awareness interventions in the schools disseminated awareness and motivational information at the same level, the improvement was not at the same level between male and female adolescents.

When investigated further the qualitative finding suggested one of the root causes is the gender of the service provider, as most of the service providers were females. As one of the female service providers mentioned,

"Girls want to come easily, but for boys do not want, they do not want to share anything with me. If there was another male service provider here, it will be best. The boys would talk to him easily."

Findings also showed that the percentage of respondents visited government health facility increases gradually (Figure-3). But a higher number of adolescents also visited the pharmacy for any health-related problems. During pre-intervention, approximately 8% the school adolescents received information on AFHS from schools and only 6% of them ever visited the AFHS in innovation area. But post intervention, almost 91% of the school adolescents knew about AFHS program from the schools and during the study period 59% school adolescents visited AFHS in innovation areas. The findings from scale-up areas also show similar pattern of changes. The school focused intervention played a key role here, as one of the adolescents stated,

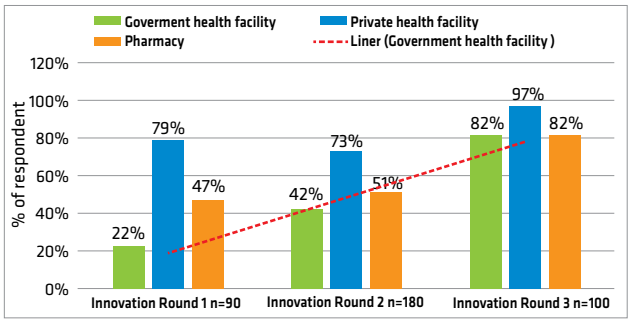

Figure 3: Sources of services taken by the school-going adolescent in innovation

"During the assembly headmaster sir informed that there is a health corner for us. When we will go there, we will get different health services."

The school assembly program, along with the special day service program also helped strengthen the coordination and collaboration among the schools and the health facilities to increase visit of school adolescents in the AFHS. As one of the health and family planning officials from scale-up area stated,

"School teachers brought students to take services during "Special service day" program day. As a result, it created awareness among adolescents. After receiving services, they came back again."

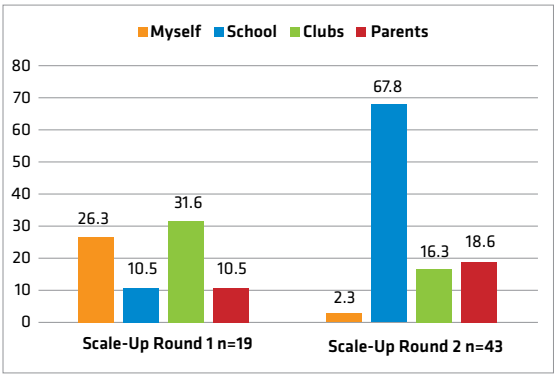

Figure 4: Referral of school adolescents to health facility

In addition to that the community engagement by increased awareness of the parents of the adolescents through courtyard sessions and miking in locality played a vital role to improve the service utilization of adolescents at the AFHS. As a parent of adolescent from the community stated,

"As the courtyard sessions are held with mothers, and others, everyone came to know that the service (AFHS) is available in the health facility. Now everyone is informed and encouraged (adolescents) to go to the facility."

Conclusion:

The implementation research concludes this facility-school-community focused simple, context specific model showed an encouraging evidence to increase AFHS utilization. The findings and experiences of this IR will help to enhance service utility of the adolescents at the facility level and help scaleup the solution country wise by overcoming the implementation challenges through a structured and strategic implementation planning. For this, a standard operating procedure and implementation plan needs to be developed with clear guidelines on how each key stakeholder will play their role for the success of the AFHS initiative of Government of Bangladesh. Based on the findings of this study, a schematic AFHS model has been developed to enhance the utilization of AFHS linking with schools and community-based interventions. The model may help in scaling up of upcoming AFHS in the country by the government.

The Schematic AFHS model:

The model has been designed to understand the key interventions required among different stakeholders to enhance the uptake of adolescent health services in the context of Bangladesh. Among many interventions revealed by the health managers at local level, key interventions showed significant improvement in client flow at AFHS with improved satisfaction and increase awareness among adolescents.

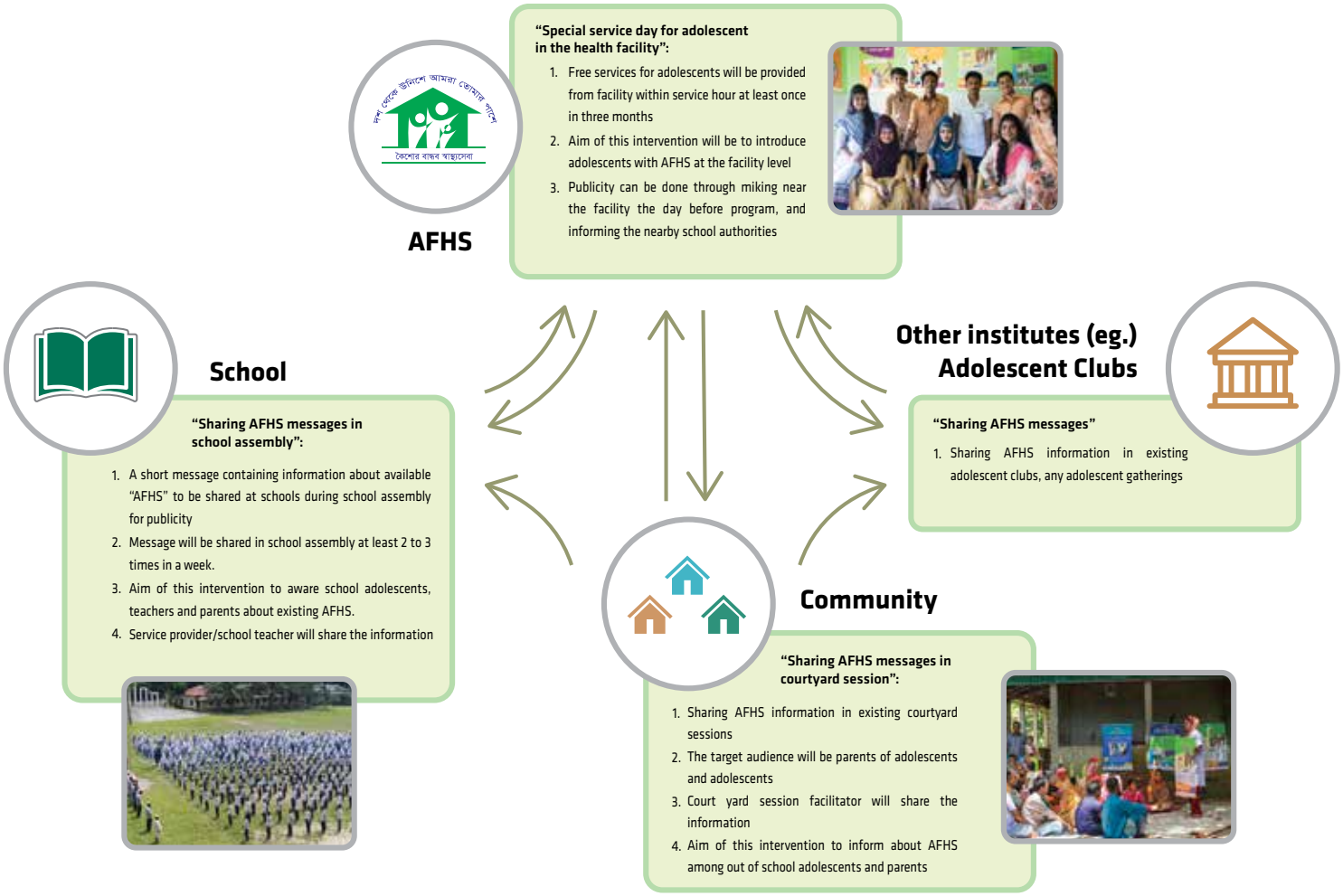

Figure 5 The Schematic AFHS model

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